



ABOUT THE CARE / FERA PROGRAM

- **California Alternate Rates for Energy (CARE)** Program provides a 20% discount on your monthly energy bill of qualifying households.
- **Family Electric Rate Assistance (FERA)** Program provides savings on your electric bill for large households of three or more persons with low-to middle-income.

MAXIMUM HOUSEHOLD INCOME: *(effective June 1, 2008 to May 31, 2009)*

Number of Persons in Household	Total Combined Annual Income (before taxes)	
	CARE	FERA
1-2	\$30,500	Not Eligible
3	\$35,800	\$35,801 - \$44,800
4	\$43,200	\$43,201 - \$54,000
5	\$50,600	\$50,601 - \$63,200
6	\$58,000	\$58,001 - \$72,400
For each additional person, add:	\$7,400	\$7,400 - \$9,200

PROGRAM GUIDELINES

- The PG&E bill must be in your name.
- You must live at the address where the discount will be received.
- You may not share energy meter(s) with another home.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- Your household must meet the program income guidelines described in this application.
- You must notify PG&E if your household no longer qualifies for the CARE / FERA discount.
- Tenants of sub-metered mobile home parks, apartments and marinas must use the "CARE / FERA Program Application for Tenants of Sub-Metered Facilities". (See Landlord / Manager for form 01-9285)

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR

- **LIHEAP** - Low Income Home Energy Assistance Program. Provides bill payment assistance, emergency bill assistance and weatherization services. Call the Department of Community Services and Development (CSD) at 1-866-675-6623 for more information.
- **REACH** – Contact the Salvation Army for one-time assistance in paying your bills. Call the Salvation Army at 1-800-933-9677 for more information.
- **Medical Baseline** - Provides services at the lowest rates to customers with documented needs. Call 1-800-PGE-5000 for more information.
- **Energy Partners** - Free energy education and weatherization to income-qualified customers. Call 1-800-989-9744 for more information.
- **Balanced Payment Plan** – Contact Pacific Gas and Electric Company Customer Services to see how your monthly payments can be evened out to allow you to budget your energy costs. Call 1-800-PGE-5000 for more information.
- **ULTS** – Universal Lifeline Telephone Service provides discounted telephone access for customers meeting similar income guidelines as CARE. Contact your local telephone service provider for more information.

CARE: ☎ **1-866-743-2273** Fax: 📠 415-973-6419 www.pge.com/care

FERA: ☎ **1-800-743-5000** Fax: 📠 415-973-6419 www.pge.com/fera

TDD/TTY 1-800-652-4712

for Speech/Hearing-Impaired, Monday – Friday 9am - 11pm

California Relay 1-800-735-2929 if you can not utilize the TDD line

2b HOUSEHOLD INCOME ELIGIBILITY: *(skip if you filled out section 2a)*

CHECK all sources of household income. You will be enrolled in either the CARE or FERA Program depending on your household size and income.

- | | |
|--|--|
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Rental or Royalty Income |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Profit from self-employment
(IRS form Schedule C, Line 29) |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> School Grants, Scholarships or
other aid used for living
expenses |
| Interest and/or Dividends from: | <input type="checkbox"/> Insurance Settlements |
| <input type="checkbox"/> Savings Accounts, | <input type="checkbox"/> Legal Settlements |
| <input type="checkbox"/> Stocks or Bonds, or | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Retirement Accounts | <input type="checkbox"/> Spousal support |
| <input type="checkbox"/> Wages or Salaries | <input type="checkbox"/> Cash and/or other income |
| <input type="checkbox"/> Unemployment Benefits | |
| <input type="checkbox"/> Workers compensation | |
| <input type="checkbox"/> Disability payments | |

Total Annual Household Income: \$,

3 DECLARATION: *(please read and sign below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Pacific Gas and Electric Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Pacific Gas and Electric Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____
Signature fill in circle if guardian or power of attorney **Date**

Mail Completed Application to: Pacific Gas and Electric Company
CARE / FERA Program
P.O. Box 7979
San Francisco, CA 94120-7979